

NSC Registration

Please fill out form clearly and completely. Incomplete forms cannot be processed and will delay registration.

PMB 447, 6830 NE Bothell Way, Suite C, Kenmore, WA 98028
Phone: 425-644-0470. Fax: 888-471-1965 Web: www.nwsoccer.org

FOR OFFICE USE ONLY	Session # _____
	Date received _____
	Paid _____ Method _____
	Balance _____

SELECT PROGRAM: RESIDENT CAMP DAY CAMP

Session # _____ Session Name _____ Roommate Preference: _____
Session # _____ Session Name _____ Roommate Preference: _____

CAMPER INFORMATION

GENDER MALE FEMALE

NAME (first, mi, last) _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE: _____

BIRTHDAY ____/____/____ RETURNING CAMPER? Yes No

HOW DID YOU HEAR OF NSC? _____

LEGACY CAMPER? If parent or grandparent attended NSC, please list names, approx. year, relationship to camper _____

PARENT INFORMATION

NAME _____

EMAIL ADDRESS: _____

ADDRESS _____

CITY/STATE/ZIP _____

COUNTRY _____ HOME PHONE _____

WORK PHONE _____ MOBILE PHONE _____

MEDICAL INFORMATION

ANY MEDICAL CONCERNS? YES NO IF YES, PLEASE LIST _____

ANY MEDICATIONS? YES NO IF YES, PLEASE LIST _____

INSURANCE NAME (REQUIRED) _____ ID# (REQUIRED) _____

CARDHOLDER'S NAME _____ PHYSICIAN'S NAME/PHONE NUMBER _____ / _____

EMERGENCY INFORMATION (if parents cannot be reached in case of an emergency)

EMERGENCY CONTACT NAME _____ PHONE NUMBER(S) _____

CONSENT TO MEDICAL CARE AND TREATMENT: I (parent/legal guardian), _____, authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (camper's name) _____ if I cannot be reached in case of emergency. I understand Northwest Soccer Camp does not assume responsibility for any accidents, medical or dental, or any other expenses incurred as a result of attendance at this camp. I hereby certify that the above-named camper is physically fit to participate in all camp activities and is covered by health or accident insurance (required for camp attendance).
Promotion and advertising: All pictures or video taken at camp may be used at the discretion of Northwest Soccer Camp. I also acknowledge receipt of Parent-Athlete Concussion Info sheet.

ADULT SIGNATURE (REQUIRED) _____ DATE _____

AUTHORIZATION TO ADMINISTER MEDICATION: I (parent/legal guardian), _____, authorize the following medication(s) to be administered to my child at the discretion of the Head Athletic Trainer and understand that I will be notified of such administration:

Tylenol (acetaminophen) Advil (ibuprofen) Benadryl (diphenhydramine) aspirin children's chewable aspirin

ADULT SIGNATURE (REQUIRED) _____ DATE _____

METHOD OF PAYMENT/BILLING INFORMATION

Amount Enclosed \$ _____ Check payable to NSC

Includes \$29.95 for CFAR (Cancel For Any Reason).

EARLY100 discount for paid-in-full resident camp by 2/28/2014

EB50 discount for paid-in-full day camp by 2/28/2014

Also enclosed is a \$ _____ donation to Northwest Soccer Fund for the camp scholarship program.

Charge my VISA MASTERCARD EXP DATE _____

CARD # _____ - _____ - _____ - _____

CARDHOLDER NAME _____

SIGNATURE _____

PHONE _____ DATE _____

I authorize NSC to charge the balance to this card on May 10.

Send original to NSC by mail or fax. Please keep a copy for your records.